

Employee Benefits Division
FY 2002-2003 DENTAL INSURANCE PREMIUM RATES
(Effective October 2002)

PLAN NAME/CODE	Option	BIWEEKLY			ANNUAL			Monthly (CGIS)		BIWEEKLY	
		Employee	State	Total	Employee	State	Total	Leave/LO	COBRA	Part time employees *1	
										Employee	State
										(j)	(k)
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
	*2	[(e)/26]	[(f) / 26]	[(b) + (c)]	[(g) -(f)]	[(g) x 95%]	[02-03 rate]	[(g)/12]	[(h)x102%]	[(d) x .5]	[(d) x .5]
DBEX State Dental Plan	1	\$ 0.74	\$ 14.08	\$ 14.82	\$ 19.27	\$ 366.05	\$ 385.32	\$ 32.11	\$ 32.75	\$ 7.41	\$ 7.41
	2	\$ 1.35	\$ 25.70	\$ 27.05	\$ 35.16	\$ 668.09	\$ 703.25	\$ 58.60	\$ 59.77	\$ 13.52	\$ 13.52
	3	\$ 1.65	\$ 31.29	\$ 32.94	\$ 42.82	\$ 813.62	\$ 856.44	\$ 71.37	\$ 72.80	\$ 16.47	\$ 16.47
	4	\$ 2.26	\$ 42.86	\$ 45.12	\$ 58.66	\$ 1,114.46	\$ 1,173.12	\$ 97.76	\$ 99.72	\$ 22.56	\$ 22.56
DP00 Preventive Dental Plan *3 (State pays 100%)	1	\$ -	\$ 2.99	\$ 2.99	\$ -	\$ 77.74	\$ 77.74	\$ 6.48	\$ 6.61	\$ 1.50	\$ 1.50
	2	\$ -	\$ 5.21	\$ 5.21	\$ -	\$ 135.46	\$ 135.46	\$ 11.29	\$ 11.51	\$ 2.61	\$ 2.61
	3	\$ -	\$ 5.21	\$ 5.21	\$ -	\$ 135.46	\$ 135.46	\$ 11.29	\$ 11.51	\$ 2.61	\$ 2.61
	4	\$ -	\$ 7.42	\$ 7.42	\$ -	\$ 192.92	\$ 192.92	\$ 16.08	\$ 16.40	\$ 3.71	\$ 3.71
DMEX Midwestern Dental (DMO) (State pays 100%)	1	\$ -	\$ 15.99	\$ 15.99	\$ -	\$ 415.68	\$ 415.68	\$ 34.64	\$ 35.33	\$ 7.99	\$ 7.99
	2	\$ -	\$ 15.99	\$ 15.99	\$ -	\$ 415.68	\$ 415.68	\$ 34.64	\$ 35.33	\$ 7.99	\$ 7.99
	3	\$ -	\$ 15.99	\$ 15.99	\$ -	\$ 415.68	\$ 415.68	\$ 34.64	\$ 35.33	\$ 7.99	\$ 7.99
	4	\$ -	\$ 15.99	\$ 15.99	\$ -	\$ 415.68	\$ 415.68	\$ 34.64	\$ 35.33	\$ 7.99	\$ 7.99
D3ZN Decline Dental Coverage *4	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
D4ZN "Opt Out" Dental *5	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

*1 Part time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 & A31) whose regular work schedule is 40 hours or less per biweekly pay period (except bargaining units L32 & T01) pay premiums according to column (j). Other part time employees pay premiums listed in column (b). Permanent intermittent employees are not covered by this provision.

*2 Option 1 = Employee only coverage; Option 2 = Employee & Spouse; Option 3 = Employee & Children; Option 4 = Full Family.

*3 Employees enrolled in the Preventive Dental will receive a \$100.00 lump sum payment on November 7, 2002.

*4 Decline insurance code D3 is for the employee who has coverage through a State employee or retiree spouse. No rebate is available.

*5 Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.